



City of Richmond, Virginia  
Police Department



**BACKGROUND PRE-SCREENING FORM**

<b>TEST LOCATION:</b> _____	<b>DATE:</b> _____
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<b>PERSONAL HISTORY</b>	
Print Full Name: _____	
Address: _____	
City: _____	State: _____
Zip Code: _____	
Phone: (Home) _____	(Work) _____
(Cell) _____	
Email Address: _____	
Date of Birth: _____	Social Security #: _____
Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	Place of Birth: _____
Years of College: _____	Degree/Major: _____
Years Served in Military: _____	Branch & MOS: _____
Years of Police Experience: _____	What Agency: _____
How did you hear about the RPD? _____	

<b>DRIVING HISTORY</b>			
Driver's License Number: _____	State: _____		
Has your license EVER been suspended or revoked by ANY State? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, give State, Date and Reason: _____			
<b>List ALL traffic violations, whether convicted or not, for the past 6 years</b>			
Date	Charge	City/County	Disposition

<b>POLICE RECORD HISTORY</b>	
Have you ever been detained or arrested by a Law Enforcement Officer to include, but not limited to the issuance of a summons, traffic ticket, or ordered to pay a fine or appear in a court of Law as a defendant? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, explain: _____	



# BACKGROUND PRE-SCREENING FORM, CON'T



### DRUG USAGE

In your lifetime, have you EVER used, tried or experimented with any illegal drug, narcotic or hallucinogen not prescribed by a Physician?  
 Yes  No

#### If Yes, Please Explain

Drug Type	Date 1st Used	Date Last Used	Total Times Used

### FINANCIAL STATUS

Are you currently paying all of your financial obligations in a timely manner?  Yes  No

If No, Explain:

Do you now have any judgments or collections against you?  Yes  No

If Yes, Explain:

Are you currently obligated to pay child support?  Yes  No

### CERTIFICATION

I certify that the information I have supplied on this pre-screening form is true and correct and that I have not attempted to falsify or conceal pertinent information. I further understand that the information supplied in subject to be verified by a Polygraph Examination and that **ANY** attempt to falsify or conceal pertinent information is ground for **Automatic Disqualification**.

I hereby authorize the Richmond Police Department to verify the information provided on this pre-screening form.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

### For Statistical Data Only:

How did you hear about the Richmond Police Department?

Specify

- Newspaper Ad
- Job Fair
- Referral
- Other
